

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	3/30/01
FORMALITY REVIEW	H-S	866	04-17-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	9	2	
2	4	2	
3	0	05	
4	0	05	
5	0	05	
6	0	05	
7	0	05	
8	0	05	
9	0	05	
10	0	05	
11	0	05	
12	0	05	
13	0	05	
14	0	05	
15	0	05	
16	0	05	
17	0	05	
18	0	05	
19	0	05	
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36	0	05	
37	0	05	
38	0	05	
39	0	05	
40	0	05	
41	0	05	
42	0	05	
43	0	05	
44	0	05	
45	0	05	
46	0	05	
47	0	05	
48	0	05	
49	0	05	
50	0	05	

Claim	Final	Original	Date
1	9	2	
2	4	2	
3	0	05	
4	0	05	
5	0	05	
6	0	05	
7	0	05	
8	0	05	
9	0	05	
10	0	05	
11	0	05	
12	0	05	
13	0	05	
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35	0	05	
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38	0	05	
39	0	05	
40	0	05	
41	0	05	
42	0	05	
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45	0	05	
46	0	05	
47	0	05	
48	0	05	
49	0	05	
50	0	05	

Claim	Final	Original	Date
1	9	2	
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4	0	05	
5	0	05	
6	0	05	
7	0	05	
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9	0	05	
10	0	05	
11	0	05	
12	0	05	
13	0	05	
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32	0	05	
33	0	05	
34	0	05	
35	0	05	
36	0	05	
37	0	05	
38	0	05	
39	0	05	
40	0	05	
41	0	05	
42	0	05	
43	0	05	
44	0	05	
45	0	05	
46	0	05	
47	0	05	
48	0	05	
49	0	05	
50	0	05	

If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Copy

10/10/01
 04-17-01